

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537396					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Lifelong Learning Institute in Chesterfield Co.,VA, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MONICA RUIZ-HUGHES 5501 SILVER BIRCH LANE MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 06237812</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: PO BOX 1090 13801 WESTFIELD RD</p> <p style="text-align: center;">CITY/ST/ZIP: MIDLOTHIAN, VA 23113</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANNEBEL LEWIS TITLE: Past President ADDRESS: 11817 HEATHMERE CRESCENT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ANNEBEL LEWIS TITLE: Past President ADDRESS: 11817 HEATHMERE CRESCENT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA HUGHES DIRECTOR PO BOX 1090 MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE LEIDHEISER DIRECTOR 7000 LUCY CORR BLVD. CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER MCCARTHY VICE PRESIDENT WHITE & MCCARTHY, LLP 15871 CITY VIEW DR, STE 220 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patty Lumpkin TREASURER 15521 Midlothian Turnpike Suite 200 MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Murray Ellison DIRECTOR 510 Montour Dr N. Chesterfield, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Harry Rast DIRECTOR 96 Stanmore Road N. Chesterfield, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Lemza DIRECTOR 5710 Oak Knoll Road MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Pernell J Johnson DIRECTOR 13800 Westfield Road Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MONICA HUGHES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MONICA HUGHES, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/12/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			